

EXHIBIT 48

abadi.rne@gmail.com

From: IberiaPMR <iberiapmr@iberia.es>
Sent: Friday, September 3, 2021 4:06 AM
To: abadi.rne@gmail.com
Subject: disability assistance
Attachments: INCAD FORM.pdf

Dear Mr. Abadi

In order to confirm your request kindly request you to send our medical form (INCAD form) completed, as well, as the medical report. (Please find in attachment the INCAD form) to the email address sergadm@iberia.es

Please note, all the fields in the application have to be filled in capital letters or by typewriter (put an X in the Yes or No corresponding boxes, and please be as concise as possible in your answers) and the application form must be signed by the attendant doctor and by the passenger who requires this special service.

Also the service must be requested up to 3 working days before departure for medical approval. Our medical department is open from Monday to Friday 9am to 3pm Spanish time, excluding Spanish holidays.

Kind regards,
Iberia L.A.E.



To be completed by SALES OFFICE/AGENT		INFORMATION SHEET FOR PASSENGERS REQUIRING SPECIAL ASSISTANCE					
Answer ALL questions — put a cross (x) in "YES" or "NO" boxes Use BLOCK LETTERS or TYPEWRITER when completing this form							
A	NAME/INITIALS/TITLE:						
B	PROPOSED ITINERARY (airline(s), flight number(s), class(es), date(s), segments(s), reservation status of continuous air journey).			Transfer from one flight to another often requires LONGER connecting time.			
C	NATURE OF INCAPACITATION:						
D	INTENDED ESCORT (name, sex, age, Professional qualification, segments If different from passenger) If untrained, state "TRAVEL COMPANION"			For blind and/or deaf, state if escorted by trained dog			
E	WHEELCHAIR NEEDED? No <input type="checkbox"/> Yes <input type="checkbox"/> Categories are: WCHR, WCHS, WCHC Wheelchair Category: <input type="text"/>		OWN wheelchair No <input type="checkbox"/> Yes <input type="checkbox"/>	Collapsible No <input type="checkbox"/> Yes <input type="checkbox"/>	Power driven? No <input type="checkbox"/> Yes <input type="checkbox"/>	Battery type (spillable?) No <input type="checkbox"/> Yes <input type="checkbox"/>	Wheelchairs with spillable batteries are "dangerous goods" and are permitted on passenger aircraft only under certain conditions, which can be obtained from the airline(s). In addition, certain countries may impose specific restrictions.
F	AMBULANCE NEEDED? No <input type="checkbox"/> Yes <input type="checkbox"/>		To be arranged by AIRLINE? No <input type="checkbox"/> Specify ambulance company contact: <input type="text"/> Yes <input type="checkbox"/> Specify destination address: <input type="text"/>		Request rate(s) if unknown. <input type="text"/>		
G	OTHER GROUND ARRANGEMENTS NEEDED No <input type="checkbox"/> Yes <input type="checkbox"/>		If yes, SPECIFY below and indicate for each item: (a) the ARRANGING airline or other organisation, (b) at whose EXPENSE, and (c) CONTACT addresses/telephone numbers appropriate, or whenever specific persons are designated to meet/assist the passenger.				
1	Arrangements for delivery at airport of DEPARTURE No <input type="checkbox"/> Yes <input type="checkbox"/>		Specify <input type="text"/>				
2	Arrangements for Assistance at CONNECTING POINTS No <input type="checkbox"/> Yes <input type="checkbox"/>		Specify <input type="text"/>				
3	Arrangements for meeting at airport of ARRIVAL No <input type="checkbox"/> Yes <input type="checkbox"/>		Specify <input type="text"/>				
4	Other requirements or relevant information No <input type="checkbox"/> Yes <input type="checkbox"/>		Specify <input type="text"/>				
H	SPECIAL IN-FLIGHT ARRANGEMENTS NEEDED, such as: Special meals, special seating, leg-rest, extra seat(s), special equipment, etc. No <input type="checkbox"/> Yes <input type="checkbox"/>		If yes, DESCRIBE and indicate for each item: (a) SEGMENT(s) on which required, (b) airline-ARRANGED or arranging third party, and (c) at whose expense. Provision of SPECIAL EQUIPMENT, such as oxygen, etc. always requires completion of the MEDIF				
I	DOES PASSENGER HOLD A "FREQUENT TRAVELLERS'S MEDICAL CARD (FREMEC)" VALID FOR THIS TRIP? No <input type="checkbox"/> Yes <input type="checkbox"/>						
If yes, add below FREMEC data to your reservation requests. If no (or if additional data needed by carrying airline(s)), Have physician in attendance complete the MEDIF.							
FREMEC / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (FREMEC number) (issued by) (Valid until) (Sex) (Age) (Incapacitation)							
<input type="text"/> <input type="text"/> (Incapacitation continued) (Limitations)							

MEDICAL INFORMATION SHEET — MEDIF		(for official use only)
<p>To be completed By ATTENDING PHYSICIAN</p>	<p>This form is intended to provide CONFIDENTIAL information to enable the airlines' MEDICAL Departments to assess the fitness of the passenger to travel. If the passenger is acceptable, this information will permit the issuance of the necessary directives designed to provide for the passenger's welfare and comfort.</p> <p>The PHYSICIAN ATTENDING the incapacitated passenger is requested to ANSWER ALL QUESTIONS. Enter a cross "x" in the appropriate "yes" or "no" boxes, and/or give precise concise answers).</p> <p>COMPLETING OF THE FORM BLOCK LETTERS OR BY TYPEWRITER WILL BE APPRECIATED.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>The form must be returned to:</p> <p>(Carrier's Designated Office)</p> </div>	
Airlines' Ref. Code MEDA01	PATIENT'S NAME, INITIAL(S), SEX, AGE:	
MEDA02	ATTENDING PHYSICIAN — Name & Address	
	— Telephone Contact Business: Home:	
MEDA03	MEDICAL DATA — DIAGNOSIS in details (including vital signs) — Day/month/year of first symptoms: Date of operation Date of diagnosis	
MEDA04	— PROGNOSIS for the flight(s):	
MEDA05	— Contagious AND communicable disease? No <input type="checkbox"/> Yes <input type="checkbox"/> Specify:	
MEDA06	— Would the physical and/or mental condition of the patient be likely to cause distress or discomfort to other passengers? No <input type="checkbox"/> Yes <input type="checkbox"/> Specify:	
MEDA07	— Can patient use normal aircraft seat with seatback placed in the UPRIGHT position when so required? Yes <input type="checkbox"/> No <input type="checkbox"/>	
MEDA08	— Can patient take care of his own needs on board UNASSISTED* (including meals, visit to toilet, etc.)? Yes <input type="checkbox"/> No <input type="checkbox"/> If not, type of help needed:	
MEDA09	— If to be ESCORTED, is the arrangement satisfactory to you? Yes <input type="checkbox"/> No <input type="checkbox"/> If not, type of escort proposed by YOU:	
MEDA10	— Does patient need OXIGEN** equipment in flight? (if yes, state rate of flow) No <input type="checkbox"/> Yes <input type="checkbox"/> Litres per Minute No <input type="checkbox"/> Yes <input type="checkbox"/> Continuous?	
MEDA11	— Does patient need any MEDICATION*, other than self-administered, and/or the use of special apparatus such as respirator, incubator, etc. **? a) on the GROUND while at the airport(s): No <input type="checkbox"/> Yes <input type="checkbox"/> Specify:	
MEDA12	b) on board of the AIRCRAFT: No <input type="checkbox"/> Yes <input type="checkbox"/> Specify:	
MEDA13	— Does patient need HOSPITALISATION?*. (If yes, indicate arrangements made or, if none made, indicate "NO ACTION TAKEN") No <input type="checkbox"/> Yes <input type="checkbox"/> Action:	
MEDA14	b) upon arrival at DESTINATION: No <input type="checkbox"/> Yes <input type="checkbox"/> Action:	
MEDA15	— Other remarks or information in the interest of your patient's smooth and comfortable transportation: None <input type="checkbox"/> Specify if any**:	
MEDA16	— Other arrangements made by the attending physician:	
NOTE (*)	Cabin attendants are NOT authorized to give assistance (e.g. lifting) to particular passenger, to the detriment of their service to other passengers. Additionally, they are trained only in FIRST AID and are NOT PERMITTED to administer any injection, or to give medication.	
IMPORTANT: FEES, IF ANY, RELEVANT TO THE PROVISION OF THE ABOVE INFORMATION AND FOR CARRIER-PROVIDED SPECIAL EQUIPMENT(**) ARE TO BE PAID BY THE PASSENGER CONCERNED.		
Date:	Place:	Attending Physician's Signature:
PASSENGER'S DECLARATION "I HEREBY AUTHORIZE (Name of nominated physician) to provide the airlines with the information required by those airlines' medical departments for the purpose of determining my fitness for carriage by air and in consideration thereof I hereby relieve that physician of his/her professional duty of confidentiality in respect of such information, and agree to meet such physician's fees in connection therewith. I take note that, if accepted for carriage, my journey will be subject to the general conditions of carriage/tariffs of the carrier concerned and that the carrier does not assume any special liability exceeding those conditions/tariffs. I agree to reimburse the carrier upon demand for any special expenditures or costs in connection with carriage." (Where needed, to be read by/to the passenger, dated and signed by him/her or on his/her behalf.)		
Place	Date:	Passenger's Signature: